

**MOUNT VERNON GOVERNMENTAL CENTER
APPLICATION FOR USE OF COMMUNITY ROOM(S)**

Date of Meeting: _____

Time of Meeting: _____ a.m./p.m. to _____ am./p.m.

Check desired room:

_____ Community Room 1 (Room 119, Occupants: 45 w/ tables and chairs/ 50 chairs only)

_____ Community Room 2 (Room 120, Occupants: 31 w/ tables and chairs/ 50 chairs only)

_____ Community Room 3 (Room 121, Occupants: 32 w/ tables and chairs/ 50 chairs only)

_____ Community Rooms 1 and 2 (Rooms 119 and 120)

_____ Community Rooms 2 and 3 (Rooms 120 and 121)

_____ Community Rooms 1, 2, and 3 (Rooms 119, 120, 121)

In consideration of other organizations, please request only the amount of seating required.

Organization: _____

Number of Persons Expected: _____

Organization Contact Person:

Name: _____

Address: _____

Home Phone: _____ **Business Phone:** _____

I am an authorized representative of the organization named above. I have read and agree to comply with the regulations for the use of the Mount Vernon Government Centers meeting room(s). I accept responsibility for any damage to County property and will report such damage to the Mount Vernon District Supervisors office. I will be responsible for returning the room to the same condition in which it was found. **In the event of an emergency, I also agree to ensure the community room is safely evacuated.**

Signature

Date